

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

ANTHONY BARNETT
17190 Ryan
DET, MI 48212

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

HARPER HUTZEL Hospital "ET AL"
CRYSTAL L. ARTHUR M.D
3990 John R.
DET, MI 48201

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case: 4:17-cv-11113

Judge: Parker, Linda V.

MJ: Stafford, Elizabeth A.

Filed: 04-10-2017 At 09:10 AM

CMP BARNETT V. HARPER HUTZEL HOSPITAL ET AL (DA)

Jury Trial: ☒ Yes ☐ No
(check one)

Complaint for a Civil Case

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Anthony Barnett
 Street Address 17190 Ryan
 City and County DET, ~~MI~~ Wayne Co
 State and Zip Code Michigan 48212
 Telephone Number 313-213-7775
 E-mail Address N/A

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

"ET AL"

Name CRYSTAL L. ~~ARTHUR~~ M.D
 Job or Title (if known) MANAGER
 Street Address 3990 John R.
 City and County DETROIT, WAYNE CO.
 State and Zip Code MICHIGAN 48201
 Telephone Number ATTORNEY # 248-746-0700
 E-mail Address (if known) —

Defendant No. 2

Name DR. Jesus ORTEGA M.D
 Job or Title (if known) PATIENT DOCTOR
 Street Address 3990 John R.
 City and County DET - Wayne Co
 State and Zip Code MICH - 48201
 Telephone Number ATTORNEY # 313 964-6310
 E-mail Address (if known) —

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

Defendant No. 3

Name DR. RAZUMILARA "NATALIYA" M.D.
 Job or Title Ordering Physician
 (if known)
 Street Address 3990 John R.
 City and County DET, WAYNE CO
 State and Zip Code MICHIGAN 48201
 Telephone Number ATTORNEY # 248-746-0700
 E-mail Address —
 (if known)

Defendant No. 4

Name SCOTT D. FERINGA
 Job or Title ATTORNEY FOR HARPER HOSPITAL
 (if known)
 Street Address 1000 MACCUBES CENTER 25800 NORTHWESTERN HWY
 City and County SOUTHFIELD - OAKLAND CO.
 State and Zip Code MICHIGAN 48075
 Telephone Number 248-746-0700
 E-mail Address —
 (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

NAME - Nicole K. Nubert

JOB OR TITLE - ATTORNEY for Harper Hospital

STREET ADDRESS - 1000 MACCABEES CENTER 25800 NORTHWESTERN HWY

CITY AND COUNTY - Southfield - OAKLAND CO.

STATE AND ZIP CODE - Michigan 48075

PHONE NUMBER - 248-746-0700

DEFENDANT #6

NAME - ERIC G. TUCCiarone

JOB OR TITLE - ATTORNEY for Doctor Jesus ~~Ortega~~ M.D.

STREET ADDRESS - 645 Griswold ST. Suite 2800

CITY AND COUNTY - Detroit - WAYNE CO.

STATE AND ZIP CODE - Michigan 48226

PHONE NUMBER - 313-965-9922

DEFENDANT #7

NAME - Aaron D. Geyer

JOB OR TITLE - ATTORNEY for LATANYA BARNETT + FAMILY

STREET ADDRESS - 32411 Mound Rd.

CITY AND COUNTY - WARREN - OAKLAND CO.

STATE AND ZIP CODE - Michigan

PHONE NUMBER - 586-303-1259

DEFENDANT #8

NAME - LATANYA BARNETT

JOB OR TITLE - PATIENT Daughter 2nd Born

STREET ADDRESS - 7754 Piedmont

STATE AND ZIP CODE - Michigan 48228

PHONE NUMBER - ATTORNEY 586-303-1259

CITY AND COUNTY - Detroit WAYNE CO.

Defendant #9
NAME - Carolyn ~~Paige~~
Job or Title - Patients Daughter 4-Born
Street Address - 551 1/2 EAST SIXTH ST
City and County - Erie - CO
State and Zip Code - PA 16507
Phone Number - Attorney 586-303-1259

Defendant #10

NAME - LETHA Smith
Job or Title - Patients Daughter 5-Born
Street Address - 200 Beresford
City and County - Highland Park Wayne CO.
State and Zip Code - Michigan 48203
Phone Number - Attorney 586-303-1259

Defendant #11

NAME - Walter Smith . JR
Job or Title - Patients Son 6-Born
Street Address - 200 Beresford ST
City and County - Highland Park Wayne CO.
State and Zip Code - Michigan 48203
Phone Number - Attorney 586-303-1259

Defendant #12

NAME - TERENCE J. CIRROCCO
Job or Title - Attorney Plaintiff Anthony Barnett
Street Address - 535 Griswold ST Suite 2040
City and County - Detroit, Wayne CO
State and Zip Code -
Phone Number - 313-961-8900

Defendant #13

NAME - Frederic M. Rosen
Job or Title - Attorney Plaintiff Anthony Barnett
Street Address - 535 Griswold ST Suite 2040
City and County - Detroit Wayne CO
State and Zip Code - Michigan 48226
Phone Number - 313-961-8900

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A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

N/A

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) ANTHONY BARNETT,
is a citizen of the State of (name) MICHIGAN.

b. If the plaintiff is a corporation

The plaintiff, (name) _____,
is incorporated under the laws of the State of (name) _____,
and has its principal place of business in the
State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) C. L. ARTHUR, is a citizen of the
State of (name) MICHIGAN. Or is a citizen of (foreign
nation) _____.

/ b. If the defendant is a corporation

The defendant, (name) CRYSTAL L. ARTHUR, is incorporated
under the laws of the State of (name) MICHIGAN, and
has its principal place of business in the State of (name)
MICHIGAN. Or is incorporated under the laws of
(foreign nation) _____, and has its principal place
of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

Defendants

#2 Defendant NAME DR. Jesus ORTEGA.
is incorporated under LAW STATE MICHIGAN And
Principal place of business in STATE of MICHIGAN

#3 Defendant NAME DR. RAZUMILARA "NATALIYA" MD.
is incorporated under LAW STATE MICHIGAN and
Principal place of business in STATE of MICHIGAN

#4 Defendant NAME SCOTT D. Feringa (P28977 ATTORNEY
is incorporated under LAW STATE MICHIGAN and
Principal place of business in STATE of MICHIGAN

#5
Defendant NAME Nicole K. Nubert (P60218 ATTORNEY
is incorporated under LAW STATE MICHIGAN And
Principal place of business in STATE of MICHIGAN

#6 Defendant NAME ERIC G. Tucciarone ATTORNEY
is incorporated under LAW STATE MICHIGAN And
Principal place of business in STATE of MICHIGAN

#7 Defendant NAME Aaron D. Geyer ATTORNEY
is incorporated under LAW STATE MICHIGAN And
Principal place of business in STATE of MICHIGAN

8 Defendant NAME LATANYA BARNETT is an individual is A citizen of the STATE Michigan.

9 Defendant NAME Carolyn Barnett is an individual is A citizen of the STATE Michigan.

10 Defendant NAME Letha Smith is AN individual is A citizen of the STATE Michigan.

11 Defendant NAME WALTER Smith JR. is AN individual is A citizen of the STATE Michigan.

12 Defendant NAME TERRANCE J. CIRROCCO ATTORNEY is incorporated under LAW STATE Michigan AND principal place of business in STATE OF Michigan.

13 Defendant NAME FREDERIE M. ROSEN ATTORNEY incorporated under LAW STATE Michigan AND principal place of business in STATE OF Michigan.

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

57 million ^{dollars} because she was murdered, then
Corruption took over then there was a
Settlement then this case was not out for public.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

My mother, Marilyn Barnett-Rouse died from
being over medicated while in Harper Hutzel
Hospital, she came to get help and should have been
protected, I did not agree to the settlement I am
Marilyn first born and filed the original
Civil motion, I Anthony Ace requesting that all
parties involved to be summoned or subpoenaed
for a trial - before a jury for justice for my
mother, all defendants were financially compensated
unjustly.

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IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

57-million ^{dollars} This was not the first time my mother was over medicated, while under care, Hanger Hotel Hospital, its time to get justice for my mother and all her grandkids Marilyn had goals for her family, that should go on on behalf Marilyn Barnett - Rouse.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April - 10, 20 17.

Signature of Plaintiff

Printed Name of Plaintiff

Anthony Barnett
ANTHONY BARNETT

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

ANTHONY BARNETT, AS PERSONAL
REPRESENTATIVE OF THE ESTATE OF
MARILYN BARNETT-ROUSE, DECEASED,

Plaintiffs,

Case No. 2012-012673-NH
Honorable Wendy M. Baxter

vs.

CRYSTAL L. ARTHUR, M.D.,
MEDICAL CENTER EMERGENCY SERVICES, P.C.
JESUS ORTEGA, M.D., ANNMARIE BREEN, R.N.
and HARPER-HUTZEL HOSPITAL, Jointly and Severally

Defendants.

SULLIVAN, WARD, ASHER & PATTON, P.C.

FREDERIC M. ROSEN (P19625) +
TERRANCE J. CIROCCO (P36679) +
FREDERIC M. ROSEN PC
Attorneys for Plaintiff
The Buhl Building
535 Griswold Suite 2040
Detroit, MI 48226-3423
(313) 961-8900

→ SCOTT D. FERGINGA (P28977)
→ NICOLE K. NUGENT (P60218)
SULLIVAN, WARD, ASHER & PATTON, P.C.
Attorneys for Defendants, Legacy HHH,
d/b/a Harper University Hospital, Crystal L.
Arthur, M.D., Medical Center Emergency
Services, P.C. and Amy Breen, R.N.
1000 Maccabees Center
25800 Northwestern Highway
Southfield, MI 48075-8412
(248) 746-0700/Fax (248) 746-2760

ERIC G. TUCCARONE (P52767)
Attorney for Defendant Jesus Ortega, M.D.
CORBET SHAW ESSAD TUCCARONE & BONASSO
645 Griswold Street, Suite 2800
Detroit, MI 48226
(313) 965-9922 / Fax: (313) 964-6310

DEFENDANTS LEGACY HHH d/b/a HARPER UNIVERSITY
HOSPITAL, CRYSTAL L. ARTHUR, M.D., MEDICAL CENTER
EMERGENCY SERVICES, P.C. AND AMY BREEN, R.N.'S
FIRST SET OF INTERROGATORIES DIRECTED TO PLAINTIFF

NOW COMES Defendants, LEGACY HHH d/b/a HARPER UNIVERSITY HOSPITAL, CRYSTAL L. ARTHUR, M.D., MEDICAL CENTER EMERGENCY SERVICES, P.C. AND ANNMARIE BREEN, R.N., by and through their attorneys, SULLIVAN, WARD, ASHER & PATTON, P.C., and requests that the Plaintiff produce the following documents, things and medical information pursuant to MCR 2.310 and MCR 2.314, within twenty-eight (28) days after service of this Request:

1. A copy of the Decedent's records preceding his admission to Foote Hospital including but not limited to:

- a. any and all hospital records excluding the records of Foote Hospital;
- b. any and all doctors, therapists, psychiatrists, chiropractors, nurses, home healthcare agencies, or other health care professionals' records;
- c. any and all x-rays taken at either an outpatient facility or hospital;
- d. any and all reports from treating and/or examining physicians including reports to Plaintiff's counsel;
- e. all insurance/Medicare/Medicaid records; and
- f. in the alternative, please provide counsel for Defendant with signed authorizations in the form approved by the State Court Administrator sufficient in number to enable counsel for this Defendant to obtain the information requested from the physician(s) and hospital(s) who are in actual possession of the information requested. (Medical Authorization Forms attached).

RESPONSE:

2. A copy of the medical records which reflect treatment of Plaintiff prior to

_____ including but not limited to:

- a. any and all hospital records;
- b. any and all doctors, therapists, psychiatrists, psychologists, chiropractors or other health care professionals' office records;
- c. any and all x-rays taken at either an outpatient facility or hospital;
- d. any and all reports from treating and/or examining physicians including reports to Plaintiff's counsel; and
- e. in the alternative, please provide counsel for Defendant with signed authorizations in the form approved by the State Court Administrator sufficient in number to enable counsel for this Defendant to obtain the information requested from the physician(s) and hospital(s) who are in actual possession of the information requested. (Medical Authorization Forms attached).

RESPONSE:

3. Copies of any and all billing, billing inquiries, checks for medical care or other billing from any healthcare provider and/or institution.

RESPONSE:

4. Copies of any and all photographs of the Plaintiff including videotape and digital images that support the claims and allegations made by Plaintiff.

RESPONSE:

5. Copies of any and all correspondence, memoranda, journals and/or diaries documenting the claims and allegations made by Plaintiff and the care and treatment of Plaintiff.

RESPONSE:

SULLIVAN, WARD, ASHER & PATTON, P.C.

6. Copies of any and all recordings, transcripts of recordings of any conversations between Plaintiff and any other person(s) including, but not limited to, Defendant, any representative of Defendant regarding the claims in this case.

RESPONSE:

7. Copies of any and all correspondence forwarded by Plaintiff to any individual or department concerning the claims and allegations made in this case.

RESPONSE:

8. Copy of any and all medical records, letters from healthcare providers, photographs, or reports from health care providers including information from physicians, therapists, nurses or home healthcare agencies.

RESPONSE:

SULLIVAN, WARD, ASHER & PATTON, P.C.

9 Any and all information obtained through investigations conducted by Plaintiff concerning the any of the claims and allegations made in this case.

RESPONSE:

10. A complete documentation with supporting records of any and all claimed medical liens, Medicare, Medicaid, private insurer, employer-based insurer which Plaintiff's Personal Representative or Plaintiff's attorney have received or have knowledge of.

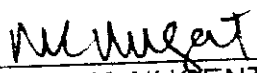
RESPONSE:

11. A copy of all tax filings from two years prior to the incident and five years following the incident or, in the alternative, a signed authorization to obtain same.

RESPONSE:

Respectfully submitted,

SULLIVAN, WARD, ASHER & PATTON, P.C.

By: 
NICOLE K. NUGENT (P60218)
Attorney for Defendants
1000 Maccabees Center
25800 Northwestern Highway
Southfield, MI 48075-8412
(248) 746-0700

Dated: December 17, 2012

W1237553 DOC

SULLIVAN, WARD, ASHER & PATTON, P.C.

CITY OF DETROIT

TYPE/PRINT IN PERMANENT BLACK INK

LF 003567

CF 003567

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 3077334

1. DECEDENT'S NAME (Print, Middle, Last)
Marilyn Barnett-Rouse

2. DATE OF BIRTH (Month, Day, Year)
June 6, 1950

3. SEX
female

4. DATE OF DEATH (Month, Day, Year)
May 12, 2008

5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include all if used)
Marilyn Lorraine Barnett

6a. AGE - Last Birthday (Years)
57

6b. UNDER 1 YEAR
MONTHS **5** DAYS **12** HOURS **0** MINUTES

7a. LOCATION OF DEATH (Place where officially pronounced dead in No. 7b, 7c, 7d)
Harper Hospital

7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH
Detroit

7c. COUNTY OF DEATH
Wayne

8a. CURRENT RESIDENCE - STATE
Michigan

8b. COUNTY
Wayne

8c. LOCALITY (Place the first time described the locality)
Detroit

8d. STREET AND NUMBER (Include Apt. No. if applicable)
16850 Whitcomb

9a. ZIP CODE
48235

9b. BIRTHPLACE (City and State or Country)
Detroit, Michigan

10. SOCIAL SECURITY NUMBER
383-52-9179

11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?
2 years college

12. RACE - American Indian, White, Black, etc. (If other, give nationality)
Black

13a. ANCESTRY - American Indian, Black, Asian, English, French, Irish, etc. (Enter all that apply)
African American

13b. HISPANIC ORIGIN (Yes or No)
no

14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No)
no

15. USUAL OCCUPATION (Give full or part time during most of working life. Do not use retired)
Street Maintenance

16. KIND OF BUSINESS OR INDUSTRY
City of Detroit

17. MARITAL STATUS - Married, Never Married, Widowed, Divorced
Married

18. NAME OF SURVIVING SPOUSE (If not, give name before first married)
Mark Rouse, Jr.

19. FATHER'S NAME (Print, Middle, Last)
Moses Julius Barnett

20. MOTHER'S NAME BEFORE FIRST MARRIED (Print, Middle, Last)
Mary Katherine Hubbard

21a. INFORMANT'S NAME (Print)
Mark Rouse, Jr.

21b. RELATIONSHIP TO DECEDENT
husband

21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)
16850 Whitcomb Detroit, MI 48235

22. METHOD OF DISPOSITION (Burial, Cremation, Resurrection, Donation, Burial, etc.)
Burial

23a. PLACE OF DISPOSITION (Name of Cemetery, Church, or other location)
Detroit Memorial Park - West

23b. LOCATION - City or Village, State
Redford, MI

24. SIGNATURE OF MORTUARY SERVICE LICENSEE
Jeter Memorial Funeral Home

25. LICENSE NUMBER
006808

26. NAME AND ADDRESS OF FUNERAL FACILITY
8436 W. Chicago Detroit, MI 48204

27a. CERTIFIER (Print name and title)
Dr. [Signature]

27b. ACTUAL OR PRESUMED TIME OF DEATH
9:25am

27c. PRONOUNCED DEAD ON (Date, Day, Year)
05/12/2008

27d. TIME PRONOUNCED DEAD
9:29 AM

28. MEDICAL EXAMINER CONTACTED (Yes or No)
NO

29. PLACE OF DEATH (Home, Hospital, Nursing Home, etc.)
Harper Hospital

30. IF HOSPITAL, Indicate Organism (Specify Name, Date Reported)
Inpatient

31. MEDICAL EXAMINER'S CASE NUMBER (If applicable)
-

32. NAME OF ATTENDING PHYSICIAN (If other than CERTIFIER, Print or Print)
-

33. DATE SIGNED (Month, Day, Year)
6/2/08

34. LICENSE NUMBER
430107245

35. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Print or Print)
HAROLD DAWSON, MD, 3950 John R Detroit MI 48201

36. SIGNATURE OF PHYSICIAN
Harold Dawson

37. DATE SIGNED (Month, Day, Year)
JUN 03 2008

38. PART I. Enter the chain of events - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular insufficiency without showing the chain. Enter only one cause in a line.
Acute coronary Syndrome

39. IMMEDIATE CAUSE (First disease or condition resulting in death)
Sickle cell crisis

40. UNDERLYING CAUSE (Final disease or condition resulting in death)
Sickle cell disease

41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.
Multiorgan failure

42. MANNER OF DEATH - Accidental, Suicide, Homicide, Natural, Undetermined or Pending (Specify)
Natural

43a. WAS AN AUTOPSY PERFORMED? (Yes or No)
NO

43b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
NO

44a. DATE OF INJURY (Month, Day, Year)
-

44b. TIME OF INJURY
-

44c. DESCRIBE HOW INJURY OCCURRED
-

45a. INJURY AT WORK (Yes or No)
-

45b. PLACE OF INJURY - At home, Farm, School, Occupational site, Unusual area, etc. (Specify)
-

45c. IF TRANSPORTATION INJURY - Describe (Specify)
-

45d. LOCATION - Street or RFD No. City, Village or Twp. State
-

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

DETROIT VITAL RECORDS

FEB 24 2011

Dated

Georgia M. Taylor

Georgia M. Taylor, Interim Registrar
City of Detroit Health DepartmentDepartment of Health
Death Records

S Jackson 4/21/2014 3:08 PM (i)

OSM CODE: LET

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF WAYNELETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVEFILE NO.
2008-732559-DE B
Judge Terrance A KeithEstate of Marilyn BarnetteRouse, DecedentTO: Name, address, and telephone no.
Anthony Barnett Sr
17190 Ryan
Detroit, MI, 48212
(313)-213-7775

You have been appointed and qualified as Personal Representative of the estate on

02/21/2011

Date

You are authorized to do and perform all acts authorized by law except as to the following:

Restrictions:

Fiduciary cannot enter into wrongful death or personal injury settlements without Court authority and without the Probate Court setting an appropriate bond in accordance with MCR 2.420.

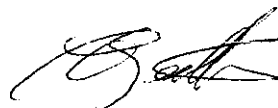
Real estate is not to be sold, purchased, mortgaged or otherwise alienated without prior Probate Court authority.

These letters expire: 4/18/2015

Date

2/21/2011

Date



Judge Terrance A Keith

Bar no. 37738

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name (type or print)

Bar no.

Attorney name (type or print)

Bar no.

Address

Address

City, state, zip

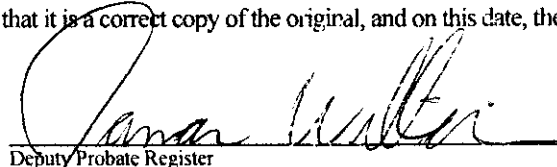
Telephone no. City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

APR 21 2014

Date



Deputy Probate Register

The Letters of Authority are valid only if issued with the raised seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 700.3103; MCL 700.3307, MCL 700.3414,

MCL 700.3504, MCL 700.3601,;

MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

PC 572 (02/13) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

Anthony Barnett Sr
17190 Ryan
DETROIT, MI, 48212

BARBARA ANN
KARMANOS
CANCER CENTER
at the Detroit Medical Center



050

FIN: 183327980 PTID: 05496291
BARNETT ROUSE, MARILYN
06/06/1950 F MRN: XXXXX9179
HA - 5WS / 5418 / 01 DOS: 05/09/08 18:41
PCP: NO ATTENDING PHYSICIAN (9
ATTN: ORTEGA MD, JESUS

**PROGRESS NOTES (PLEASE SIGN ALL ENTRIES)**Physician Dr. Kafri

1+ = mild 2+ = moderate

Date 5/11/09

3+ = severe 4+ = life threatening

HPI/Complaints (✓ if negative/circle if ⊕ and grade) The following symptoms have newly occurred or persist in the last 24 hours

Fever	<input type="checkbox"/>	SOB	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>
Chills/Rigors	<input type="checkbox"/>	Cough	<input type="checkbox"/>	Weakness	<input type="checkbox"/>
Anorexia	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	Rash	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	Confusion	<input type="checkbox"/>	Itching	<input type="checkbox"/>
Vomiting x	<input type="checkbox"/>	Restlessness	<input type="checkbox"/>	Mouth sores	<input type="checkbox"/>
Diarrhea x	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	Edema/swelling	<input type="checkbox"/>	VAS	<input type="checkbox"/>

☐ Remaining ROS ⊖

Other pt was drowsy yesterday, ↓ Resp rate, O₂ sat 67%.
Now on Sin.

This morning, Maxine, nursing, Medial Sister, does not complete
Run

PE T° Pulse / 30's Resp BP Pulse Ox-

In Out Wt. P.S.

(OTHER)

Gen- WD ☐ WN ☐ A and O x 1 ☐ NAD ☐
Skin No rashes ☐ No new soft tissue masses ☐ no erythema ☐
Eyes PERRLA ☐ EOMI ☒ No scleral icterus ☒
Oropharynx No erythema ☒ No mucositis ☒ No ulceration ☒
Lymph Nodes No new cervical ☐ No new supraclavicular ☐
No new axillary ☐ No new inguinal ☐
Lungs Clear to auscultation ☐ Normal percussion ☐
CV No murmurs ☒ No gallops ☒ Regular rate, rhythm ☐
Abdomen Bowel sounds active ☒ No organomegaly ☒
No tenderness ☒ No masses ☒
Extremities No edema ☒ No cyanosis ☐ No deformity ☐
Neuro A and O x 1 ☐ No motor weakness ☐ No sensory change ☐

Maxine Wynn, M.D.
Respiratory Clin, Diagnostics

Wt. 100 lbsTemp 98.6

Went for walk
with nurse

Labs

139 | 101 | 32

Alk ph 3.4

Twp

9.4

70

FIN: 183327980

PTID: 05496291

BARNETT ROUSE, MARILYN

06/06/1950 F

MRN: XXXXX9179

HA - SWS / 5418 / 01

DOS: 05/09/08 18:41

PCP: NO ATTENDING PHYSICIAN (9

ATTN: ORTEGA MD, JESUS



Medications

MSSR - 15mg, Q12

PCA - Dilaudid 1mg/100ml, 6min,

Fentanyl, Oxycodone, Ser,

Nolvase 10mg to 60mg

Proton X, Compens,

Diagnostics

ECG → Twelve leads, lead II, III, aVF, lead 3,

VISIT DATE: 5/11/08

- ☐ I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care.
- ☐ I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.
- ☒ I saw and evaluated the patient. I reviewed the resident's note and agree with the findings and plan as documented in the resident's note.

Teaching Physician Addendum: 57 y/o female with sickle-thal admitted for S/PK was on Morphine PCA 1mg q 6 minutes, MSSR 15 mg po Q12HR. Last night was over dosed sedated + Hypoxia, then given norepinephrine with improvement. Then had ECG with No. changes, one T-wave inverted. Then she became SOB, tachypneic, a mental status (Oilerium), CP + Tachycardia. ECG showed ST elevation + flipped T waves, Twpin: 1.38 elevated. Exam: Confused, lethargic, aphasic, Diaphoretic, Tachypneic.

Teaching Physician Signature:

Date:

300258 (Rev 7/06)

↓ BP 100/60 HR ↑ 130, Afebrile, Left side weakness.

VISIT DATE: 5/11/08

- ☐ I performed a history and physical examination of the patient and discussed his management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care.
- ☐ I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.
- ☒ I saw and evaluated the patient. I reviewed the resident's note and agree with the findings and plan as documented in the resident's note.

Teaching Physician Addendum:

A/Pi

1) Sick-thal disease: Confusion + CP + CNS signs due to sickle cells. Consider emergency Blood exchange. We will transfer patient to MICU. Get quintet catheter.

2) ECG changes / CNS chgs: 20 to 40. Start with Blood exchge. Consider further TX (anticoagulation + Diagnostic tests)

DMCDETROIT MEDICAL CENTER
WAYNE STATE UNIVERSITYRed flag
HereFacility: Harper Hospital
Address: 390 John R
Detroit MI 48201

Need copy

Patient Name: BARNETT ROUSE, MARILYN
 DOB: 6/6/1950
 PTID: 05496291
 FIN: 183327980
 MRN: H-383529179
 PCP: NO ATTENDING PHYSICIAN (999904)
 Attending Physician: ORTEGA MD, JESUS

Admit Date: 5/10/2008
 Discharge Date: 5/12/2008
 Medical Service: Oncology

Orders (e)

Order Date/Time 5/10/2008 6:33:18 AM

Mnemonic magnesium sulfate 50%	Action Modify	Order Status Voided Without Results	Type of Order Pharmacy
Ordering Physician RAZUMILAVA MD-Resident, NATALIYA		Order Placed By TABAKA RPh, MARV	
Review Information N/A			
Order Details First Dose 05/10/08 6:28:00, NOW, 2 gm, IVPB, One Time Only, 05/10/08 6:28:00			

Order Date/Time 5/10/2008 6:35:10 AM

Mnemonic magnesium sulfate 50%	Action Order	Order Status Completed	Type of Order Pharmacy
Ordering Physician RAZUMILAVA MD-Resident, NATALIYA		Order Placed By TABAKA RPh, MARV	
Review Information Nurse Review, Accepted - PANCEVSKI RN, CAROLINE, 5/12/2008 12:49:14 AM			
Order Details First Dose 05/10/08 6:34:00, NOW, 2 gm, IVPB, One Time Only, 05/10/08 6:34:00			

Order Date/Time 5/10/2008 7:00:36 AM

Mnemonic morphine pca 30mg/30mL	Action Order	Order Status Discontinued	Type of Order Pharmacy
Ordering Physician RAZUMILAVA MD-Resident, NATALIYA		Order Placed By RAZUMILAVA MD-Resident, NATALIYA	
Review Information Nurse Review, Accepted - ATKINS, SHARON D, 5/10/2008 8:47:53 PM Pharmacist Verify, Accepted - ARTHUR III RPh, WILLIAM J, 5/10/2008 7:44:50 AM			
Order Details Pt. Admin. Dose (mg) = 1, Lockout Interval (min) = 6, Total Syringe Contents: 30 mg, PCA, PCA IV Infusion, Unscheduled, PRN, Pain-Severe, 05/10/08 7:00:00 5/10/2008 7:00:36 AM: **HIGH ALERT MED: DOUBLE RN CHECK; VERIFY CONCENTRATION and PUMP SETTINGS** Final Conc = 1mg/mL			

Chart Request ID:
Print ID:

9571940
ROE, STEPHANIE M

Printed on : 2/9/2010 at 9:25 AM
Page 179 of 292

DMCDETROIT MEDICAL CENTER
WAYNE STATE UNIVERSITY

Facility: Harper Hospital

Address: 3990 John R

Detroit MI 48201

Patient Name: BARNETT ROUSE, MARILYN
 DOB: 6/6/1950
 PTID: 05496291
 FIN: 183327980
 MRN: H-383529179
 PCP: NO ATTENDING PHYSICIAN (999904)
 Attending Physician: ORTEGA, JESUS

Admit Date: 5/10/2008
 Discharge Date: 5/12/2008
 Medical Service: Oncology

Doctor Name who
 was there AT Time
 my mom death

Why is the big question...

Order Date/Time 5/10/2008 6:33:18 AM

Mnemonic magnesium sulfate 50%	Action Modify	Order Status Voided Without Results	Type of Order Pharmacy
Ordering Physician <Unknown>		Order Placed By TABAKA RPh, MARV	
Review Information N/A			
Order Details First Dose 05/10/08 6:28:00, NOW, 2 gm, IVPB, One Time Only, 05/10/08 6:28:00			

Order Date/Time 5/10/2008 6:35:10 AM

Mnemonic magnesium sulfate 50%	Action Order	Order Status Completed	Type of Order Pharmacy
Ordering Physician <Unknown>		Order Placed By TABAKA RPh, MARV	
Review Information Nurse Review, Accepted - PANCEVSKI RN, CAROLINE, 5/12/2008 12:49:14 AM			
Order Details First Dose 05/10/08 6:34:00, NOW, 2 gm, IVPB, One Time Only, 05/10/08 6:34:00			

Order Date/Time 5/10/2008 7:00:36 AM

Mnemonic morphine pca 30mg/30mL	Action Order	Order Status Discontinued	Type of Order Pharmacy
Ordering Physician <Unknown>		Order Placed By <Unknown>	
Review Information Nurse Review, Accepted - ATKINS, SHARON D, 5/10/2008 8:47:53 PM Pharmacist Verify, Accepted - ARTHUR III RPh, WILLIAM J, 5/10/2008 7:44:50 AM			
Order Details Pt. Admin. Dose (mg) = 1, Lockout Interval (min) = 6, Total Syringe Contents: 30 mg, PCA, PCA IV Infusion, Unscheduled, PRN, Pain-Severe, 05/10/08 7:00:00			

5/10/2008 7:00:36 AM: **HIGH ALERT MED: DOUBLE RN CHECK; VERIFY CONCENTRATION and PUMP SETTINGS**
 Final Conc = 1mg/mL

Chart Request ID: 11096479
 Print ID: WARDEN-PITTMAN, APRIL

Printed on : 3/1/2011 at 5:55 PM
 Page 180 of 295

Frederic M. Rosen, P.C.
535 Griswold, Suite 2040
Detroit, MI 48226
Telephone (313) 961-8900
Facsimile (313) 961-7616

RETAINER AGREEMENT

The undersigned client(s) does hereby employ and retain FREDERIC M. ROSEN, P.C., Attorneys at Law, to act as the undersigned's Attorneys in processing and/or instituting and prosecuting a legal action for damages resulting from the incident of _____ which is the subject of this Retainer Agreement.

The undersigned hereby agrees to pay FREDERIC M. ROSEN, P.C. one-third (1/3), after deduction of expenses, on any amount recovered as a result of any compromise, settlement, satisfaction or disposition of the proceeding which is the subject of this Agreement, whether it be before or after Trial ←

NO LEGAL FEE WILL BE CHARGED IF THERE IS NO RECOVERY!

The undersigned elects to terminate the Retainer relationship before the claim/cause of action is completed, he/she hereby agrees to immediately tender all advanced costs of litigation and attorney fees at an hourly rate of Two Hundred Fifty Dollars (\$250.00) per hour for professional services rendered to the date of termination; if a settlement offer has been made, the undersigned agrees to pay one-third (1/3) of the settlement offer as fees for services rendered.

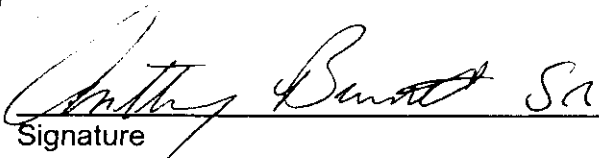
The undersigned client further agrees to reimburse FREDERIC M. ROSEN, P.C. for any and all reasonable and necessary expenses and court costs which FREDERIC M. ROSEN, P.C. may pay out or incur on behalf of said client in connection with this matter (including but not limited to court filing fees, deposition expenses, postage, photocopying, parking, telephone, etc); and to advance any and all appeal costs. FREDERIC M. ROSEN, P.C. reserves and retains the exclusive right to determine whether, in their opinion, an appeal is appropriate.

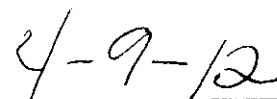
The undersigned further agrees and understands that cases involving minors and wrongful death necessitates probate proceedings; the undersigned understands that probate proceedings, if required, will necessitate additional fees and expenses.

Anthony Barnett ←
FREDERIC M. ROSEN, P.C. shall have complete and full authority to compromise and settle any and all claims which are the subject of this Agreement, if they consider such compromise or settlement advisable, either before, during or after Trial.

← Barnett
All file
papers
were
lawyer
got his
1/2 pay
The undersigned further agrees and understands that the Law Firm of FREDERIC M. ROSEN, P.C. will retain the client file in their possession for two (2) years following the conclusion of this case; the client further authorizes the Law Firm of FREDERIC M. ROSEN, P.C. to destroy their file following the two (2) year expiration after the closure of said file. The client further understands that if a request is made, in writing, within two (2) years following the closing of their file for a copy of same, the file will be provided to the client.

Client agrees that FREDERIC M. ROSEN, P.C. shall have an Attorney's Lien on any and all monies recovered or received by client herein pursuant to the specific terms of this Retainer Agreement.


Signature


Date

PATIENT:
BARNETT-ROUSE, MARILYN

MR #:383529179
DOB: 06/06/1950

NURSING UNIT:51CU
ROOM/BED:5507/01

DATE OF ADMISSION: 05/09/2008

DATE OF DISCHARGE: 05/12/2008

ATTENDING PHYSICIAN: Hari Dandapantula, MD

ADMISSION DIAGNOSIS: Sickle cell crisis.

DISCHARGE DIAGNOSES:

1. Sick cell crisis.
2. Multi-organ failure.
3. Likely acute coronary syndrome.
4. Death.

CONSULTATIONS:

1. Nephrology.
2. Neurology.

PROCEDURES: Central venous catheter insertion times two, as well as arterial line placement.

HISTORY OF PRESENT ILLNESS: This patient is a 57-year-old African-American female with the history of sickle-cell disease who presented to the emergency department with severe pain of site at her chest, ribs and back for one day prior to admission.

paralytic-like symptomatology which was also waxing and waning in nature, per the primary team. The patient was subsequently admitted to the medical intensive care unit after aggressive deterioration in mental status. Upon initial arrival to the medical intensive care unit, the patient was minimally responsive. She did respond to verbal stimuli and appeared to have a slight amount of weakness on initial examination. She was moving all four of her extremities. However, strength could not be tested. The patient's vitals were stable. During the medical intensive care unit included a temperature of 34.9, a pulse in the 120s, a blood pressure in

EDUCAT. COURSE:

PROBLEM LIST:

- PROBLEM LIST:
1. Stroke still pending. At the time of the discussion of mental status was thought to be possibly due to an acute CVA secondary to her sickle-cell crisis. Neurology did see the patient. They recommended a head CT scan in the morning and would likely get an exam in the near future. The patient was not stable enough to receive a CT scan of the head. Her clinical status declined through the night.
 2. Probable acute coronary syndrome. The patient had an echocardiogram performed by the cardiology fellow which revealed a right ventricular infarction. The patient's troponins subsequently were elevated. Final readings of troponin

DETROIT MEDICAL CENTER
WAYNE STATE UNIVERSITY
HARPER UNIVERSITY HOSPITAL

DISCHARGE SUMMARY

PATIENT:
BARNETT-ROUSE, MARILYNNURSING UNIT:5ICU
ROOM/BED:5507/01MR #:383529179
DMC #:05496291
ACCT #:0183327980
DOB: 06/06/1950

Page 2

were at a level of 4.21. The patient became more acidotic and the patient's respiratory status declined. She became more tachypneic. The MICU team then had to intubate this patient secondary to profound tachypnea and decreased respiratory status. The patient's blood pressure continued to decline. The patient required a vasopressor support, including Levophed and vasopressin to maintain blood pressure. The patient's renal status declined. Initial creatinine upon arrival to the MICU was 1.2. This declined to a final reading of 2.4. Potassium began to climb. Initial reading on arrival to the ICU was 4.9. Final reading was 7.1.

3. Multi-organ failure. As described above, the patient had renal failure and had an acute myocardial infarction. She was noted to have worsening liver transaminases with an AST of 772 and an ALT of 352. These were elevated when compared to prior readings. The patient's blood pressure continued to drop. Her potassium continued to rise. The patient subsequently was acidotic with a pH of 7.2. The patient went into cardiac arrest in a pulseless electric activity type rhythm and was resuscitated for 13 minutes. Pulses were regained. However, the patient's blood pressure subsequently dropped again and the patient went into cardiopulmonary arrest for a second time. During resuscitation, one of the team members did discuss the patient's poor prognosis with family members. We were able to restore a pulse in this patient after a second resuscitation and at that time the patient's family requested that CPR be withheld in the event that the patient were to go into cardiac arrest again. The patient's family returned to the bedside. The patient's vitals continued to decline until she again went into cardiac arrest and died. The patient died at 9:29 a.m. with the family at the bedside.

If the report has been electronically
signed, see completed action list below.


Hari Dandapantula, MD

SIGNATURE OF ATTENDING PHYSICIAN/DATE

D: 05/12/2008 09:44:25
T: 05/13/2008 08:58:47
MEDQ/Job #935775

Dictated by: Vincent Daniel Borla, DO

JS 44 (Rev. 11/15)

CIVIL COVER SHEET

County in which action arose: _____

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Anthony Barnett
 (b) County of Residence of First Listed Plaintiff Wayne
 (EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS

Harper Hutzel Hospital
Crystal L. Arthur M.D.
 County of Residence of First Listed Defendant _____
 (IN U.S. PLAINTIFF CASES ONLY) Wayne
 NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF

(c) Attorneys (Firm Name, Address, and Telephone Number)

Case: 4:17-cv-11113

Judge: Parker, Linda V.

MJ: Stafford, Elizabeth A.

Filed: 04-10-2017 At 09:10 AM

CMP BARNETT V. HARPER HUTZEL HOSPIT

AL ET AL (DA)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP

- | | | | | | |
|---|---|------------------------------|--|------------------------------|------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> PTF | <input type="checkbox"/> DEF | <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State | <input type="checkbox"/> PTF | <input type="checkbox"/> DEF |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729 (a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☒ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

2012-012673 - NH

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

Kim L. Smith

DOCKET NUMBER

2012-012673-NH

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☒ Yes

☐ No

If yes, give the following information:

Court: Coleman A. Young Municipal Bld 9th Floor Room 901

Case No.: 2012-012673-NH

Judge: Leslie Kim Smith CR Ct. Court.

Notes :

Judge Kim Smith said I Anthony could not have went to trial, because Attorney Terrance J. Cirocco and Frederic M. Rosen never turn in any paperwork to show how they filed motion in order for them to have came up with a settlement, so I would not win the case and get justice for my mother.

New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input checked="" type="checkbox"/>	Two (2) completed Civil Cover Sheets.	Case: 4:17-cv-11113 Judge: Parker, Linda V. MJ: Stafford, Elizabeth A. Filed: 04-10-2017 At 09:10 AM CMP BARNETT V. HARPER HUTZEL HOSPIT AL ET AL (DA)
<input checked="" type="checkbox"/>	Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank. <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 10px;"> <u>13</u> <small># of Defendants</small> </div> <div style="margin: 0 10px;">+ 2 =</div> <div style="text-align: center; margin-right: 10px;"> <u>15</u> <small>Total</small> </div> <div>Complaints.</div> </div> <div style="margin-top: 10px;"> Received by Clerk: _____ Addresses are complete: _____ </div>	

<input type="checkbox"/>	If any of your defendants are government agencies : Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.
--------------------------	--

If Paying The Filing Fee:	If Asking That The Filing Fee Be Waived:
<input type="checkbox"/>	<input type="checkbox"/>
Current new civil action filing fee is attached. Fees may be paid by check or money order made out to: <p style="text-align: center;"><i>Clerk, U.S. District Court</i></p> Received by Clerk: _____ Receipt #: _____	Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms. Received by Clerk: _____

Select the Method of Service you will employ to notify your defendants:

Service via Summons by Self	Service by U.S. Marshal (Only available if fee is waived)	Service via Waiver of Summons (U.S. Government cannot be a defendant)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Two (2) completed summonses for each defendant including each defendant's name and address. Received by Clerk: _____	Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint. <input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form. Received by Clerk: _____	You need not submit any forms regarding the Waiver of Summons to the Clerk. <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. Two (2) Waiver of the Service of Summons forms per defendant. Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.

Clerk's Office Use Only

Note any deficiencies here: